

Tutorial for Affordable Care Act (ACA) Application for Transmitter Control Code (TCC)

How do I request a Transmitter Control Code (TCC) to electronically file Affordable Care Act (ACA) Information Returns?

To electronically file ACA Information Returns, a firm or an organization must submit the *ACA Application for TCC*. After you register with e-services (see [Registration Services](#) for more information), you will have access to the *ACA Application for TCC*. Once your application is approved, you can review and update your application online as needed.

This tutorial provides guidance on steps to complete, modify and submit an ACA Application for TCC. Select from the following:

The *ACA Application for TCC* Process

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Purpose of ACA Application for TCC

The purpose of the application is to request authorization to electronically file the Affordable Care Act (ACA) Information Returns and to receive an ACA Transmitter Control Code (TCC). The application currently supports the following:

- Form 1094-B, *Transmittal of Health Coverage Information Returns*
- Form 1095-B, *Health Insurance Coverage*
- Form 1094-C, *Transmittal of Employer-Provided Health Insurance Offer and Coverage Information Returns*
- Form 1095-C, *Employer-Provided Health Insurance Offer and Coverage*

Note: If you are electronically filing Forms 8963, *Report of Health Insurance Provider Information* or Form 8947, *Report of Branded Prescription Drug Information*, please complete an IRS e-file Application.

Complete the *ACA Application for TCC* if your firm or organization is performing one of the following:

- **Issuer:** Files their own ACA Information Returns.
- **Transmitter:** Sends electronic information return data directly to the IRS on behalf of any business.
- **Software Developer:** Writes origination or transmission software according to IRS specifications.

These roles are not mutually exclusive, for example, your firm or organization may be both a Transmitter and Software Developer.

Information needed to complete the ACA Application for TCC

Note: If you are a foreign company that does not have an Employer Identification Number (EIN) you will need to complete a Form 4423, *Application for Filing Affordable Care Act (ACA) Information Returns*.

- Your firm or organization's EIN.
- Your firm or organization's legal business name, business type, physical and mailing addresses, and phone numbers.

Note: If the Firm or organization's doing business as (DBA) name is different than the legal business name, that information will need to be provided.

- Responsible Officials and Contact Information including:

- Taxpayer Identification Number; (Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN))
- Date of birth (DOB) and US Citizenship
- Contact information including e-mail address, title, phone number
- The roles of your firm/organization.
 - Note:** If you have the role of Software Developer you will need to complete additional information for the issuance of your Software Identification numbers.
- The forms that you will be filing.
- The transmission method you will use.

The IRS will review your application information and supply a written confirmation as to your acceptance or rejection into the program.

How to access the Application

To access the *ACA Application for TCC*, you must first login to [e-services](#) using your Username and Password. For more information on obtaining an e-services account or choosing a new password, see [Registration Services](#) for more information.

When you login to e-services, you may be asked to select an Organization.

An Organization is a profile under which you work in e-services. Think of an organization as the 'hat' you are wearing during an e-services session. Some days, you may want to work on your personal e-services profile. Other days, you are representing a particular firm or organization and their work. E-services users may represent multiple firms or organizations in various roles depending on their job responsibilities.

There are two types of firms or organizations you may choose from on the Select Organization e-services page:

- Every user has an *Individual* Organization. Under this profile, you may edit your e-services registration information or complete a new application.
- Authorized users of e-services products will also have one or more Firm/Organizations.

Note: Organizations that have completed the *ACA Application for TCC* process will have (ACA) in front of their Organization name.

If you have never completed an application, once you login, the system will take you directly to the Landing Page. If you are already affiliated with an application, select the appropriate organization from the list associated with your information.

Select Organization

Select the organization you will represent in this session:

Each item below represents an organization for which you are authorized to perform work. By selecting an organization, you are logging in as an authorized user of that organization. You will be able to perform work for only that organization.

- Individual
- ACCIDENT FUND COMPANY,
- LOWMARK BLACKCROSS BLACKSHIELD, 2022 SPRING DALE AVE, ALEXANDRIA, VA, 22202
- LOWMARK BLACKCROSS BLACKSHIELD,
- ACC FUND ACA CE Pharma app, 495 BROADWAY ST, AUSTIN, TX, 78730
- (ACA) JON INCORPORATED, 1234 MAIN STREET , SPRINGFIELD, VA, 22305
- (ACA) LABORER'S UNION, AFLCIO, 123 MAIN STREET T , SPRINGFIELD, VT, 22331
- (ACA) J. WILSON DBA CYPRESS LELAND & SONS, 12345 MAIN STREET , SPRINGFIELD, VA, 22310
- (ACA) CEDAR, AMBER, & THYME PTRSHP, 12345 MAIN STREET , SPRINGFIELD, VA, 22310

[e-Services Privacy Policy](#)

Select Application from the e-services home page.

services

- [Application](#)
- [Application to Application](#)
- [Remove Affiliation](#)
- [Reporting Agent e-services](#)
- [Transcript Delivery System](#)
- [Registration Services](#)

 **Welcome to IRS e-services**

JAMES HARVEY
Representing RANRAN RUNRUN

[Application](#)
Access to apply or revise an existing application on-line for participation in IRS *e-file* Program, Preparer Tax Identification Number (PTIN) or Taxpayer Identification Number (TIN) Matching.

[Application to Application](#)
Enrollment for Application to Application Web Services Client Program.

[Remove Affiliation](#)
Provides access to the Firm Disassociation page that will allow you to remove your affiliation to the *e-file* firm or organization you selected. Disassociating yourself from the *e-file* application will remove your name from each of the *e-file* applications shown and will eliminate all authority that resulted from your affiliation.

[Reporting Agent e-services](#)
Provides access to Transcript Delivery System and Electronic Account Resolution.

[Transcript Delivery System](#)
Transcript Delivery System (TDS) provides self-service for return and account information requests by external customers through e-services portal. TDS automates the validation, processing, and delivery of taxpayer information to the authorized third party user, thus requiring less intervention from IRS personnel.

[Registration Services](#)
Registration Services allows you to confirm your registration, revise your registration information, change your password or PIN and recover a lost password or PIN.

From the Application Menu page, select *ACA Application for TCC*.

e-services **On-line Tutorials** **Help** **Mailbox** **Sign out** **Contact Us**

services

- [Application](#)

[e-File Application](#)
The Application to participate in the IRS *e-file* Program can be submitted on-line. The IRS will review your application information and supply a written confirmation as to your acceptance or rejection into the program. You may use this either to create a new Application or to revise an existing one.

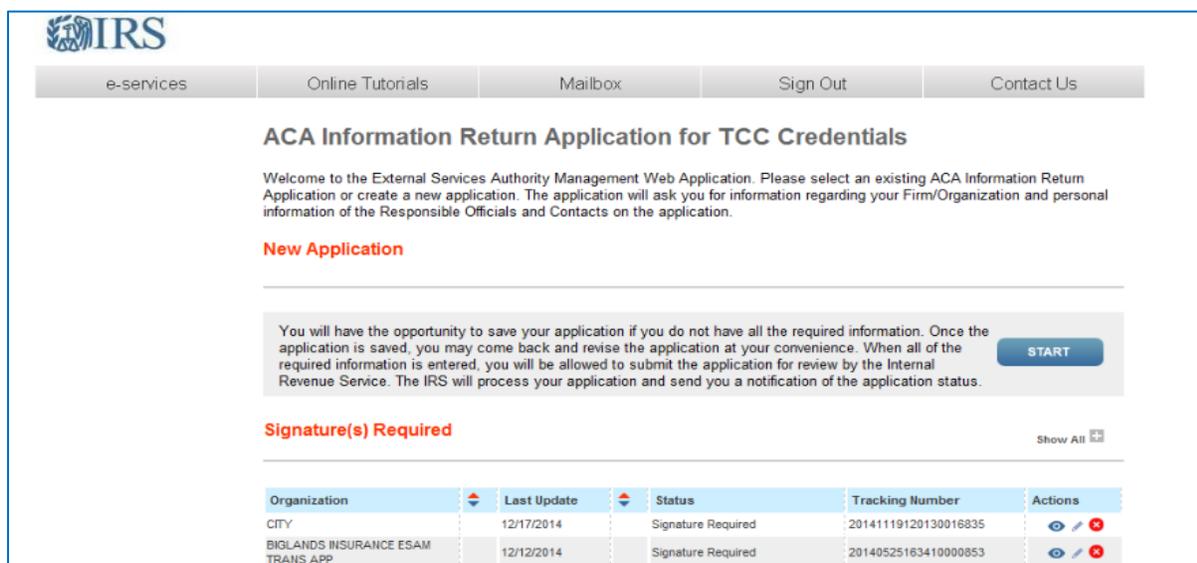
[ACA Application for TCC](#)
The application to participate in IRS Affordable Care Act electronic filing of information returns is available on-line. The IRS will review the information submitted on your application and send an acceptance or rejection letter. You may use this link to create a new application or to revise an existing one.

[New TIN Matching Application](#)
Payers may apply for Taxpayer Identification Number (TIN) Matching, an on-line product which allows you to submit TIN/Name combinations for verification against IRS records.

ACA Application for TCC navigation

You do not have to complete an *ACA Application for TCC* in one session. The typical process for completing an application for most firms or organizations will consist of the following steps:

1. Each Responsible Official and Contact within the firm or organization must be registered and confirmed with e-services. For more information on e-services Registration, see the see [Registration Services](#) for more information.
2. A Responsible Official will begin the application and designate other individuals in the firm or organization who are authorized to be either a Responsible Official or Contact.
3. All Responsible Officials must sign the Terms of Agreement and submit the application.
4. After the application is completed and submitted, the IRS will perform checks before assigning the firm or organization the TCC(s).
5. All users authorized to access the application can modify and update the application as necessary. After an application has been submitted and accepted, authorized individuals within the firm or organization may update the application as needed.



ACA Information Return Application for TCC Credentials

Welcome to the External Services Authority Management Web Application. Please select an existing ACA Information Return Application or create a new application. The application will ask you for information regarding your Firm/Organization and personal information of the Responsible Officials and Contacts on the application.

New Application

You will have the opportunity to save your application if you do not have all the required information. Once the application is saved, you may come back and revise the application at your convenience. When all of the required information is entered, you will be allowed to submit the application for review by the Internal Revenue Service. The IRS will process your application and send you a notification of the application status.

Signature(s) Required

Organization	Last Update	Status	Tracking Number	Actions
CITY	12/17/2014	Signature Required	20141119120130016835	  
BIGLANDS INSURANCE ESAM TRANS APP	12/12/2014	Signature Required	20140525163410000853	  

Note: Effective June 2015, the heading on this page will be *ACA Application for TCC*.

Individuals may be authorized to access multiple *ACA Application for TCCs*, select the appropriate application and organization for the session.

Use the toolbar along the top of the application to navigate to a specific page of the application.



Select the save button to save information on the page at any time. The application will automatically save as you move from page to page.

Complete a New ACA Application for TCC

All required fields within the application are marked with an asterisk.*

FIRM INFORMATION

The first page you will complete is about the business and you will need to enter the Employer Identification Number (EIN), legal business name, doing business as (DBA) name and business type.

Select from the business type from the following list:

- Association
- Corporation
- Credit Union
- Federal Government Agency
- Limited Liability Corporation
- Limited Liability Partnership
- Local Government Agency
- Partnership
- Personal Service Corporation
- Sole-Proprietorship
- State Government Agency
- Volunteer Organization

After you have selected your business type you will need to add your phone number and mailing address. If you're business address is different than your mailing address

you will also need to answer yes to the question and complete the address fields. After completing the required fields select Continue.

*A Post Office (P.O.) box will **not** be accepted as your business address.*

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Application Status

Firm Information Responsible Officials Contacts Application Details Software Developer Summary Comments Terms of Agreement

New

Firm Information:

Please enter the EIN, Legal Name, Doing Business as Name, Business Type, Phone Number and the address of the physical location of the firm. A Post Office (P.O.) box will not be accepted as the location of your firm. You may also enter an alternate Mailing Address if different than your Physical Address. You may include a P.O. box on your Mailing Address if applicable. The 'Required' fields must be completed if you are entering a different Mailing Address.

Required fields are marked with an asterisk (*) and must be completed to submit the form.

Business Information

Employer Identification Number (EIN)*
 Reveal EIN

Legal Name*

Doing Business as Name*

Business Type*

Phone Number*

Mailing Address

Address Line 1*

Address Line 2

City*

State/US Territory*

ZIP/Postal Code*

Is your business address different than your mailing address?
 Yes No

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RESPONSIBLE OFFICIALS

A Responsible Official is the individual with responsibility for and authority over the electronic filing of ACA Information Returns at the firm or organization location. Responsible Official is also the first point of contact with the IRS, has authority to sign original/revise *ACA Application for TCC*, and is responsible for ensuring that all requirements are adhered to.

At least one Responsible Official will need to be listed on the application. All Responsible Officials will be required to sign the Terms of Agreement. A Responsible Official can also be a Contact on the application.

Note: It is highly recommended that more than one Responsible Official be added to an application.

All fields with an asterisk (*) are required. Once a Responsible Official has been added to the application you will see their information in the Responsible Official Listing on the Right hand side of the screen.



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Signature Required

Responsible Official

The Responsible Official is an individual with responsibility and authority over the operations at designated sites. The Responsible Official is the first point of contact with the IRS. They have authority to sign revised applications, and are responsible for ensuring that all requirements of the IRS electronic filing of information returns program adhered to. A Responsible Official may be responsible for more than one office.

Required fields are marked with an asterisk (*) and must be completed to submit the form.

Add New Responsible Official

First Name* Middle Initial

Last Name* Suffix

Position or Title*
Select

U.S. Citizen*
No

Social Security Number (SSN) or Individual Tax ID Number (ITIN)*

Reveal SSN - -

Date of Birth(mm/dd/yyyy)*

Email Address*

Telephone Country Code*
Select

Phone Number*

Will this person also be a contact?

Yes No

Responsible Official List

Name	SSN/ITIN	Phone Number	Edit	Delete
Haddock, Jane	***-**-0309	11123456789	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

CONTACTS

Contacts should be available for inquiries from the IRS on a daily basis. There is a minimum of 2 required contacts and a maximum of 10 contacts allowed per application. Once a Contact has been added to the application you will see their information in the Contacts List on the Right hand side of the screen.

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Application Status Firm Information Responsible Officials **Contacts** Application Details Software Developer Summary Comments Terms of Agreement

Signature Required

Contact

Contacts are required for all applications. Please enter a minimum of two Contacts and up to a maximum of 10 Contacts. Enter Contacts who will be available on a daily basis to answer IRS questions regarding the application and any processing issues throughout the year.

Required fields are marked with an asterisk (*) and must be completed to submit the form.

Add New Contact

First Name*

Middle Initial

Last Name*

Suffix

Position or Title*

U.S. Citizen*

Social Security Number (SSN) or Individual Tax ID Number (ITIN)*

Reveal SSN - -

Date of Birth(mm/dd/yyyy)*

Email Address*

Telephone Country Code*

Phone Number*

Contact List

Name	SSN/ITIN	Phone Number	Edit	Delete
Haddock, John	*** - ** - 0309	0978987	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>
Aust, Jane	*** - ** - 0903	2333333333333333	<input type="button" value="Edit"/>	<input type="button" value="Delete"/>

APPLICATION DETAILS

On this page you are required to select a one or more roles (Issuer, Transmitter, or Software Developer). You make this selection by checking the box next to the form type or types you will be supporting.

The roles are defined as following:

- **Issuer:** A business that is required to file ACA Returns.
- **Transmitter:** A third-party that directly sends the electronic return data to the IRS on behalf of any business.
- **Software Developer:** An organization that writes either origination or transmission software according to IRS specifications.

Transmission methods need to be selected at this time.

- **A2A System Enroller:** This option involves a machine-to-machine process that allows Payers/Issuers, Transmitters or Software Developers to create XML and send to the IRS as Simple Object Access Protocol (SOAP) message.
- **AFA for ACA Internet Transmitter:** A web user interface that allows Payers/Issuers, Transmitters or Software Developers to file forms with the IRS and check submission status.

Software Developers must select at least one of the following software packages:

- **Online Packages:** These packages will enable companies to complete the forms on-line and a third party will transmit the information to the IRS.
- **COTS Package:** A package that will be sold for a customer to use within their office.
- **In-house Packages:** A package that is developed within a company solely for that company's use.

IRS

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Application Status Firm Information Responsible Officials Contacts **Application Details** Software Developer Summary Comments Terms of Agreement

Signature Required

Application Details

You are required to select a minimum of one role (Issuer, Transmitter, or Software Developer). You can select any combination of roles. Please use this page to make form and Transmission Method selections. If selecting Software Developer, please select the Package Type(s). Forms and Transmission methods selected on next page by software product type.

Required fields are marked with an asterisk (*) and must be completed to submit the form.

Issuer

Select Issuer Options:

Forms	Transmission Methods
<input type="checkbox"/> 1094/1095B	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter
<input type="checkbox"/> 1094/1095C	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter
<input type="checkbox"/> 8809	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter

Transmitter

Select Transmitter Options:

Forms	Transmission Methods
<input type="checkbox"/> 1094/1095B	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter
<input type="checkbox"/> 1094/1095C	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter
<input type="checkbox"/> 8809	<input type="checkbox"/> A2A System Enroller <input type="checkbox"/> AFA for ACA Internet Transmitter

Software Developer

Select Package Types:

- Online Package
- COTS Package
- In-house Package

Note: Forms and transmission methods are selected on next page by software product type.

< PREVIOUS CANCEL SAVE CONTINUE >

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SOFTWARE DEVELOPER

Only complete this page if you will either write origination or transmission software according to IRS specifications. If you will not be creating these types of packages select previous and uncheck any selections under the role of Software Developer.

Complete all required fields in relation to the type of packages you will be creating. If you are creating multiple software packages you will need to complete multiple Software Developer pages. The information contained on this page will be used to issue your Software Identification Numbers. **This page must be updated annually.**



Signature Required

Software Developer

Please complete all required fields for the package type noted. Applications can have multiple types of packages per form, per year.

CITY OF FORT SALT, BOARD OF COMMISSIONER EIN : 940062074

Required fields are marked with an asterisk (*) and must be completed to submit the form.

Online Package Information

Software Product Name*

Tax Year*

Name of Transmitter

Customer Service Phone Number*

Website Address

Add Software Developer Contacts

First Name* Middle Initial

Last Name* Suffix

Email Address*

Phone Number*

Software Developer Contact List

Name	Phone Number	Edit	Delete
Austin, James	888-888-8888		

Online Package Forms and Transmissions Supported

Forms	Transmission Methods
<input checked="" type="checkbox"/> 1094/1095B	<input type="checkbox"/> A2A System Enroller
<input type="checkbox"/> 1094/1095C	<input checked="" type="checkbox"/> AFA for ACA Internet Transmitter
	<input type="checkbox"/> A2A System Enroller
	<input type="checkbox"/> AFA for ACA Internet Transmitter

Information Return Correction Process

Does the software support an Information Return Correction Process?

Yes No

If yes, please explain the software supported Information Return Correction Process.

Comment

SOFTWARE DEVELOPER ADDED.

SUMMARY

This is a summary of the application you have just completed. Verify all information is correct before selecting continue to complete the Terms of Agreement. If you identify information that needs to be revised, use the toolbar along the top of the page to navigate to the appropriate page. Update the information and save it and use the toolbar to navigate back the Summary page.

Application Status

Firm Information

Responsible Officials

Contacts

Application Details

Software Developer

Summary

Comments

Terms of Agreement

Completed

Summary [Print | Home](#)

✔ Your tracking number is **20140924143019016745**

For your reference, the responses you provided were:

TCC Information:

Role	T/P Indicator	TCC	Status
Transmitter	P	BBQZB	Active
Software Developer	T	BBQZB	Active

Form T/P Indicators:

Role	Forms	T/P Indicator	Transmission Method
Transmitter	1094/I095C	T	A2A System Enroller, AFA for ACA Internet Transmitter
	1094/I095B	T	AFA for ACA Internet Transmitter, A2A System Enroller
Online Package	1094/I095C	T	AFA for ACA Internet Transmitter, A2A System Enroller
	1094/I095B	T	A2A System Enroller, AFA for ACA Internet Transmitter
COTS Package	1094/I095B	T	A2A System Enroller, AFA for ACA Internet Transmitter
	1094/I095C	T	AFA for ACA Internet Transmitter, A2A System Enroller
In-house Package	1094/I095B	T	A2A System Enroller, AFA for ACA Internet Transmitter
	1094/I095C	T	AFA for ACA Internet Transmitter, A2A System Enroller

Software IDs:

Year	SW Package	Status	Forms	Software ID	Status	Transmission Method
2014	Online	Test	1094/I095C	14A0000629	Test	AFA for ACA Internet Transmitter, A2A System Enroller
			1094/I095B	14A0000630	Test	A2A System Enroller, AFA for ACA Internet Transmitter
2014	COTS	Test	1094/I095B	14A0000633	Test	A2A System Enroller, AFA for ACA Internet Transmitter
			1094/I095C	14A0000634	Test	AFA for ACA Internet Transmitter, A2A System Enroller
2015	In-house	Test	1094/I095B	14A0000631	Test	A2A System Enroller, AFA for ACA Internet Transmitter
			1094/I095C	14A0000632	Test	AFA for ACA Internet Transmitter, A2A System Enroller

Firm Information:

EIN: 02-6362601
Legal Name: WESTS MAP
Doing Business As Name: WESTS MAP
Business Type: CORP
Mailing Address: 234555 HIGH STREET
Mailing City/State/Zip: MORGAN, TX, 787012222
Phone: (888)888-8881
Business Address: Not same as Mailing Address

Responsible Officials:

Name: AUST, JAHE
All Roles: CONTACT, RO
Signature Status: Signed

Contacts:

Name: AUSTIN CHAIGEMYIAME, JAHE
Email Address: test@test.com
Phone: (512)888-8888
All Roles: CONTACT

Application Details:

Issuer

No Issuer option selected

Transmitter

Forms	Transmission Methods
1094/1095B	A2A System Enroller AFA for ACA Internet Transmitter
1094/1095C	A2A System Enroller AFA for ACA Internet Transmitter

Software Developer

Package Types
Online Package
COTS Package
In-house Package

< PREVIOUS CANCEL SAVE CONTINUE >

TERMS OF AGREEMENT

IRS

e-services | Online Tutorials | Mailbox | Sign Out | Contact Us

Application Status | Firm Information | Responsible Officials | Contacts | Application Details | Software Developer | Summary | Comments | **Terms of Agreement**

Completed

Terms of Agreement

Under penalties of perjury, I declare that I have examined this document, including any accompanying statements, and, to the best of my knowledge and belief, it is true, correct, and complete.

Please enter your PIN to accept the terms for this application. Your PIN is your electronic signature that you selected when you registered for an eServices account.

Required fields are marked with an asterisk (*) and must be completed to submit the form.

PIN*

I accept the Terms of Agreement

[← PREVIOUS](#) [CANCEL](#)

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Each Responsible Official must sign the Terms of Agreement using the PIN created during the e-services Registration process. The application will be processed after all Responsible Officials have entered their PIN and accepted the Terms of Agreement.

Note: All Responsible Officials and Contacts on the application must be registered with e-services before application can be submitted.

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Application Status | **Application Processed and Completed** | [Print | Home](#)

Completed

Thank you for submitting your application to the IRS.

Your application has been approved and TCC(s) have been issued to your organization, and you will receive a letter from the IRS with this information. Below are your TCC(s). Please write down this information or print this page for future reference.

AMBER INCORPORATED **EIN: 710000162**

Your tracking number :20140926171540016768

RO Signatures		TCC(s)	
Names	Signature Status	Role	TCC
Cohle, Allen	Signed	SWDEV	BBRLX
		ISSUR	BBRLY

Software IDs		
Year	Forms	SoftwareID
2015	1094/1095B	15A0001140
2015	8809	15A0001141
2015	1094/1095C	15A0001142

[EXIT](#)

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Modify an ACA Application for TCC

Once the application is submitted, updates to the application can be made as needed through the *ACA Application for TCC* link.

From the Application Menu in e-services select *ACA Application for TCC*.

The screenshot shows the IRS e-services navigation bar with links for 'e-services', 'On-line Tutorials', 'Help', 'Mailbox', 'Sign out', and 'Contact Us'. Below the navigation bar, the 'services' menu is open, displaying the following options:

- [Application](#)
- [e-File Application](#)
The Application to participate in the IRS e-file Program can be submitted on-line. The IRS will review your application information and supply a written confirmation as to your acceptance or rejection into the program. You may use this either to create a new Application or to revise an existing one.
- [ACA Application for TCC](#)
The application to participate in IRS Affordable Care Act electronic filing of information returns is available on-line. The IRS will review the information submitted on your application and send an acceptance or rejection letter. You may use this link to create a new application or to revise an existing one.
- [New TIN Matching Application](#)
Payers may apply for Taxpayer Identification Number (TIN) Matching, an on-line product which allows you to submit TIN/Name combinations for verification against IRS records.

Select the application you wish to update by selecting the pen symbol icon next to the Organization name.

The screenshot shows the 'ACA Information Return Application for TCC Credentials' page. It includes the IRS logo and navigation links for 'e-services', 'Online Tutorials', 'Mailbox', 'Sign Out', and 'Contact Us'. The main heading is 'ACA Information Return Application for TCC Credentials'. Below the heading, there is a welcome message and a 'New Application' section with a 'START' button. A 'Signature(s) Required' section contains a table of existing applications:

Organization	Last Update	Status	Tracking Number	Actions
CITY	12/17/2014	Signature Required	20141119120130016835	 
BIGLANDS INSURANCE ESAM TRANS APP	12/12/2014	Signature Required	20140525163410000853	 

Note: Effective June 2015, the heading on this page will be *ACA Application for TCC*.

Some changes will require the Responsible Officials on the application to sign into e-services and re-sign the *ACA Application for TCC*. Below are examples of when application would need to be re-signed (this list is not all inclusive):

- Firm's DBA Name
- Roles
- Software Developer Package Types